										Application or Docket Number					
ľ	PATENT														
Effective October 1, 2003										10-748-195					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS				19				L	TATE	FEE	1	RATE	FEE		
FOR				NUMBER FILED		NUMB	BER EXTRA BA		SIC FEE	385.00	OR	Basic FEE	770.00		
TOTAL CHARGEABLE CLAIMS				19 minus 20=			0	XS 9=			OR	X\$18=			
INDEPENDENT CLAIMS				minus 3 =			8	X43=			OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							Γ.	+145=		OR	+290=				
* If the difference in column 1 is less than zero, enter *0" in column 2									OTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II												OTHER			
(Column 1)				(Column 2) (Column 3			, <u>s</u>	MALL	ENTITY	OR	SMALL	ADDI-			
AMENDMENT A		REMAINING AFTER . AMENDMENT		NUMB PREVIO PAID F		BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	TIONAL FEE		
	Total	. 19		Minus	-2			X	\$ 9 =		OR	X\$18=	•		
	Independent	. 11		Minus		116	•	7	(43=		ОЯ	X86=			
	FIRST PRESE	MTATION	OF M	JLTIPLE	DEPENDENT	CLAIM		1	145=		OR	+290=			
	1								TOTAL		ОЯ	TOTAL ADDIT, FEE			
1	15/06	(Coham	m 1)		(Colum	nn 2)	(Column 3)		MI. PEE		•				
AMENDMENT B	1.70	RELIAN	1\$		HIGH NUM	est Ber	PRESENT		ATE	ADDI-		RATE	ADDI- TIONAL		
		AHENDMENT			PREVIOUSLY EXT		EXTRA	RATI		- TIONAL FEE		MIE	FEE		
	Total	· 16		Minus	-6	<u>0</u>	• <u> </u>	L×	\$ 9=		OR	X\$18=			
	Independent	• S	OE ME	Minus	DEPENDENT	CLAIM	[·	×	43=		OR	X88=			
<u> </u>	PINST PRESC	MAILON	<u> </u>					•1	145=		OR	+290=			
									YOTAL IT. FEE		OR	YOYAL ADDIT, FEE			
(Cot::mn 1) (Column 2) (Column 3)											-				
AMENDMENT C	211766	C REA! NA AFTE AMENDA	; :NG :R		HIGH NUME PREVIO PAID (EST EER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 4	J	Minus	- 2	0	. –.	×	\$ 9×		OR	X\$18=			
	Independent	٠ ٧	لِيَ	Minus	etre .		• -	×	43=	·	OR	X86-			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM										OR	+290=			
٠,	* If the entry is column 1 is has man the entry is column 2, write "0" is column 3. **Title "Highest Number P ** '14 Paid For' BN THIS SPACE is less than 20, enter "20."											TOTAL			
1	i the "Highest Nur If the "Highest Nor	nber P . :	· Ir Pa Pa	id For H	N THIS SPACE & N THIS SPACE H	less that	1 20, enter "20." 11 3, enter "3."	ADDI	TOTAL T. FEE		OR	ADDIT. FEE			
	The "Fighest Number 1"														
	ORM PTO-073 (Figs. 1003) Patient and Vandemark Office, V.S. DEPARTMENT OF COMMERCE														